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	SPECIMEN ID NO.	0000000	• •	RY ACCESSION NO.			_	
	E COMPLETED BY COLLECTOR OR EN Name, Address and I.D. No.	IPLOYER REPRE	B. MRO Name and Address			7		BOT
A. Employer	Name, Address and I.D. 140		B. MINO Name and Address					SE
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D. Reason fo	N or Employee I.D. No	andom 🗀 Re	asonable Suspicion/Cause	Post Accident		SPE	2	9
		☐ Follow-up	Other (specify)			Ω S	8	
						SPECIMEN ID NO	0000000	SPECIMEN IO NO
E. Tests to b						5	<u>ē</u>	5
	Only THC	and Cocaine	OTHER (specify)			ō	O	Ş
STEP 2: TO B	E COMPLETED BY COLLECTOR - Speci	imen temperature	must be read within 4 minutes of co	ollection.		ا	B	
	mperature within range: TYes, 90° - 100°		☐ No, Record specimen temperat	,		7	(SPLIT)	
	COMPLETED BY COLLECTOR AND DON				or initials sealfe)	j.	Ĕ	
STEP 4: TO B	E COMPLETED BY DONOR - Go to copy	4 (pink page); ST	EP 4			1 1	_	
STEP 5: TO B	E COMPLETED BY COLLECTOR	- 		<u>:</u>		_		
COLLECTION	SITE LOCATION:				SPLIT SPECIMEN COLLECTION			
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	Collection Facility		Collector's Business Phone	No.	TYES NO		0	ð ∕
	Address		City State	70			OVER	
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(PA	cocomen identified on this form is the specimen pres ber as that set forth above, and that it has been collec- INTI Colector's Name (Fret. Mt. Last) E INITIATED BY THE COLLECTOR AND	Signature	of Collector Date (Mi	this form, that it bears equirements.	the same specimen AM PM Time		7 7	"
I certify that the identification num (PR	INTI Colector's Name (First, Mt. Last) E INITIATED BY THE COLLECTOR AND	Signature	of Collector Date (M B NECESSARY THEREAFTER	o/Day(Yr.)	Time		7 3	
I certify that the identification num	NT) Collector's Name (First, Mt, Less)	Signature COMPLETED AS	of Collector Date (Mi	PURPOSE	Time OF CHANGE		7 3 }	
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